FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000053738 (7)**

1. Corporation Name

HEALTH CARE ASSOCIATES OF NORTH FLORIDA II, INC

Principal Place of Business	Mailing Address
275 WEST MAIN ST. LAKE BUTLER FL 32054	P.O. BOX 567 LAKE BUTLER FL 32054

3. Date Incorporated or Qualified: 07/05/1995

3a. Date of Last Report:

4. FEI Number: 59-3336626 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24 Country: 25	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

JEFFREY M. LEUKEL, P.A.
996 N. TEMPLE AVE
STARKE FL 32091

10. Name and Address of New Registered Agent

81 Name: GEORGE S. FORTNER
82 Street Address (P.O. Box Number is Not Acceptable): 275 W. MAIN ST.
83
84 City: LAKE BUTLER FL 85 Zip Code: 32054

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: George S. Fortner GEORGE S. FORTNER DATE: 4-22-96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	ASPINWELL, ROBERT	
STREET ADDRESS	4201 TROUT RIVER BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	☐ DELETE
NAME	ROBERTSON, MARGARET A	
STREET ADDRESS	275 WEST MAIN ST.	
CITY-ST-ZIP	LAKE BUTLER FL 32054	
TITLE	D	☐ DELETE
NAME	FORTNER, GEORGE S	
STREET ADDRESS	ROUTE 2, BOX 287	
CITY-ST-ZIP	LAKE BUTLER FL 32054	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN '96

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	100001819071 -05/13/96--01055--037 ***200.00	☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

DCB 5-1-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George S. Fortner 4-22-96 904-496-3034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
GEORGE S. FORTNER

CR2E034 (12/95)